UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	MAY I U ZUIDPage 1 of 1
Name: PHUP LANDONCE LIBERATIONE	Daytime Telephone:	18 MAY 17 PH 1: 34
New Member of or Candidate for State: C  U.S. House of Representatives District: 3  FILER Candidates – Date of Election: 6-5-18	Check if Amendment	U.S. HÖÜSE ÖF REPRESENTATIVES (Office Use Only)
New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant toto	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	OF THESE QUESTIONS	
A Did you, your spouse, or your dependent child:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or  b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	the reporting gh the date of filing? Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a Yes No X
ATTACH THE COI	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	"COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRU	DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics from this report details of such a trust that benefits you, your spouse, or dependent child?	ttee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded ndent child?	ave you excluded Yes No X
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ed" income, or liabilities of a spouse or dependent child because they memmitee on Ethics.	t all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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T	1	5	MATE	2		Exa		or rental and other real property held for investment, revide a complete address or description, e.g., rental property, and a city and state.  To an ownership interest in a privately-held business or an ownership interest in a privately-held business or an ownership interest in a privately-held business or an ownership interest in a privately-held business that is activities, and its peographic location in Block A.  Exclude: Your personal residence, including second ownes and vacation homes (unless there was rental acrome during the reporting period); and any financial terest in, or income derived from, a federal attent in, or income derived from, a federal attent in, or income derived from a federal attent in, or income derived from a federal efferment program, including the Thrift Savings Plan. You have a privately-traded fund that is an Excepted restment Fund, please check the "EIF" box.  You so choose, you may indicate that an asset or roome source is that or your spouse (SP) or lependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	in interest-bearing accounts, if the total is over 5,000, list every financial institution where there is our than \$1,000 in interest-bearing accounts.	XXXIII XXXIII XXXIII	) par 5	¥ use	ify (a) uction of colors seding \$ \$ b) any of the general reduction of the colors seding the colors se	Assets and/or income Sources	
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## SCHEDULE C - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honorana, director's fees, and payments for EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria)	Type		Amount
		Cullette real to Little	Lieceding Lear
	Honorarium Salary	\$0 \$20,000	\$500 \$76,000
Exel i Dies. Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
THEY LYBERTHORE CAT A ROBERINAL CORP	LAND	239 000	338,500
SPONE - PHUP LUBUSTANCE CAP A RESIDENCE SALL	KAMES	140,950	40,375

### SCHEDULE D - LIABILITIES

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OII VOUE SDOUSE	Name:	
or vour dependent child		
ting period by you your spouse or your dependent child. Mark the highest amount owed during the reporting		
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

					SP. DC, JT		
				Example			
				First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability incurred MO/YR		
	/00	- hale		Mortgage on Rental Property, Dover, DE	Type of Liability		
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					Over \$1,000,000* (Spouse/DC Liability)	*	

#### **SCHEDULE E - POSITIONS**

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

		Position
- /WQ/ -		Name of Organization

Date Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in employer.	SCHEDULE F - AGREEMENTS	
Terms of Agreement	t to: future employment, a leave of absence during the period of government service; ontinuing participation in an employee welfare or benefit plan maintained by a former	Name: Page of	

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report source customers of government a	s of compensation received by you or your business affiliany corporation, firm, partnership, or other business entend any information considered confidential as a result of a Source (Name and City/State)	Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.  Source (Name and City/State)  Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
,		
		10/x